

ANNEX V

TERRORIST INCIDENT RESPONSE

City of Houston

Approval & Implementation

Annex V

Terrorist Incident Response

ANNEX REDACTED – DATA REMOVED

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ANNEX V

TERRORIST INCIDENT RESPONSE

I. AUTHORITY

City of Houston Emergency Management Plan.

Public Law 104-201, Defense Against Weapons of Mass Destruction Act.

Terrorist Incident Response Annex to the State of Texas Emergency Management Plan.

National Response Plan and Annexes.

Homeland Security Presidential Directive, HSPD-5, Management of Domestic Incidents.

Homeland Security Presidential Directive, HSPD-7, Critical Infrastructure, Prioritization, and Protection.

Homeland Security Presidential Directive, HSPD-8, National Preparedness.

II. PURPOSE

- A. To establish operational concepts and to clarify roles and responsibilities to lessen probable confusion resulting from a threat of terrorism or an actual event.
- B. This annex defines how the City of Houston will operate during the crisis and consequence management phases of anticipated or actual acts of terrorism.
- C. The annex provides for coordinated integration and joint operations in accordance with federal and state emergency management plans as well as related contingency plans.

III. EXPLANATION OF TERMS

A. Acronyms

ATTF	U.S. Attorney's Anti-terrorism Task Force
CID	Houston Police Criminal Intelligence Division
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
DDC	Disaster District Committee
DPS	Texas Department of Public Safety
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
GDEM	Governor's Division of Emergency Management
HDHHS	Houston Department of Health and Human Services
HFD	Houston Fire Department
HMMRS	Houston Metropolitan Medical Response System

HMST	Houston Medical Strike Team
HPD	Houston Police Department
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
JOC	Joint Operations Center
JTTF	Joint Terrorism Task Force
MACS	Multi-Agency Coordination System
NIMS	National Incident Management System
NRP	National Response Plan
OEM	Houston Office of Emergency Management
PPE	Personal Protective Equipment
SOG	Standard Operating Guidelines
UC	Unified Command
WMD	Weapon of Mass Destruction

B. Definitions

See Appendix C

IV. SITUATION AND ASSUMPTIONS

A. Situation

1. Acts of terrorism can occur without warning. The City of Houston, its governmental entities, its public and private institutions, its businesses, and its people may all be targets of terrorism.
2. Federal law dictates that all acts of terrorism planned or executed are subject to federal jurisdiction. Federal laws assign the primary authority to the federal government for prevention and response to acts of terrorism; local governments will provide initial response, supported by state and federal resources as required.
3. Since terrorist acts may be violations of local, state, and federal law, the response to a significant local terrorist threat or actual incident may include state and federal response agencies.
4. In the event of a significant terrorist threat or incident, it is anticipated that state and federal resources will be requested in order to supplement local capabilities.
5. The presence of chemical, biological, radiological, nuclear, or explosive (CBRNE) agents may not be detected immediately. In the case of chemical, biological, or nuclear materials, they may not be discovered until some time after casualties occur. There may be a delay in identifying the agent present and in determining the appropriate protective measures. Such agents may quickly dissipate or be persistent.

B. Assumptions

Acts of terrorism will occur and may cause individual or mass casualties. These acts will be planned and perpetrated by individuals, groups, organizations, and even other nations for a variety of reasons.

1. Acts of terrorism may involve arson; shootings; bombings including weapons of mass destruction; nuclear, chemical, and/or biological poisoning; kidnapping; and/or hostage taking; sabotage; and other methods.
2. In spite of the existence of federal law, there will probably be confusion about what level of government and what agency should take charge in conjunction with response to and/or recovery from a planned or actual act of terrorism.
3. Prevention activities may need to occur at the same time and priorities of action will be a significant issue.
4. Effective response to the use of WMD may require:
 - a. Specialized equipment to detect and identify chemical or biological agents.
 - b. A mass decontamination capability.
 - c. The means to treat mass casualties, including conducting triage and using specialized pharmaceuticals that have a narrow window of effect.
 - d. The ability to conduct mass prophylaxis or mass vaccination.
 - e. The ability to initiate and maintain isolation / quarantine.
 - f. The capability to deal with mass fatalities.
5. Injuries from a terrorist attack may be both physical and psychological.
6. Recovery from a terrorist attack can be complicated by the presence of persistent agents, additional threats, extensive physical damages, and mass casualties.
7. In most cases, significant state and federal support cannot be provided within the first few hours of an incident. Considerable state and federal resources are available, but it may take 6 to 12 hours to activate and deploy such resources on a large-scale.

V. CONCEPT OF OPERATIONS

A. General

1. Our terrorism structure for emergency response operations is pursuant to NIMS, which employs two levels of incident management structures.

- a. The Incident Command System (ICS) includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.
 - b. A Multi-agency Coordination System (MACS) integrates a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.
2. During a terrorist event, a MACS may be advisable. Central to this system is the Emergency Operations Center (EOC), which is the nucleus of all coordination of information and resources. The Incident / Unified Command (IC/UC) will manage and direct the on-scene response from the Incident Command Post (ICP). The EOC will mobilize and deploy resources for use by the IC/UC, coordinate external resources and technical support, research problems, provide information to senior managers, disseminate emergency public information, and perform other tasks to support on-scene operations.
3. This annex is implemented whenever there is evidence of a threat or a suspected terrorist incident. Otherwise, the normal actions outlined in the City of Houston Emergency Management Plan and Standard Operating Guidelines (SOG) for responding to and recovering from any emergency or disaster situation will remain in effect.

B. Prevention

1. Prior to the occurrence of a terrorist incident, there are intelligence functions that may take place. These will be the responsibility of appropriate law enforcement agencies (i.e., Houston Police Department (HPD) and the Federal Bureau of Investigation (FBI)), and will not be addressed in this annex.
 - a. Lead Agencies
 - (1) HPD – Lead Local law enforcement agency
 - (2) TX Department of Public Safety (DPS) – Lead State law enforcement agency
 - (3) FBI – Lead Federal law enforcement agency
 - b. An IC/UC structure will be used to provide law enforcement direction and control during crisis management operations. A Joint Operations Center (JOC) may be established to coordinate law enforcement actions.

- c. HPD will work in cooperation and coordination with the FBI exercising authority for managing the response at the incident site, additional coordination with other local, state or federal agencies will be addressed as needed.
- d. Briefings of emergency management personnel and other key City officials will be conducted by HPD throughout operations.

C. Response

Activities undertaken to deal with effects of a terrorist incident are conducted in essentially the same manner as the response for other emergencies or disasters. Post-incident activities, such as investigation, evidence gathering, and pursuit of suspects, will continue. The agency with primary jurisdictional authority over the incident designates the individual at the scene responsible for establishing command.

- 1. OEM will coordinate consequence management and will interface with GDEM and FEMA. Field response will operate under an Incident / Unified Command (IC/UC) for initial emergency response, resolution of the life safety issues, and initial recovery actions.
- 2. Actions taken early primarily deal with life safety and incident stabilization. To facilitate this response, the Houston Metropolitan Medical Response System (HMMRS) was created. This system organizes components or functions from public health and medical, mass fatality management, the Houston Medical Strike Team (HMST), law enforcement, public information, community mental health, and public education. Components may be activated based on required needs.
- 3. Briefings of key City officials and response agencies will be conducted by OEM throughout response and recovery operations.
- 4. If an incident involving terrorism has taken place where injuries and/or deaths have or may soon occur, all activities will be conducted under an IC/UC structure with priority given to life safety, rescue, and incident stabilization. Cooperation between functions will be critical to prevent compromise of other operations.
- 5. Possible indicators of a terrorist incident could be, but are not limited to:
 - a. Unexplained odors
 - b. Dead animals/birds/fish
 - c. Blisters/rashes

- d. Mass or unusual casualties
- e. Unusual pattern of casualties
- f. Illness associated with a specific geographic area

6. Coordination of Local Medical Response to Biological Weapons Incidents

As the medical response to an incident involving biological agents must include the local medical community as a group, the local and state health departments as well as federal health agencies directing the response should undertake to coordinate the efforts of local medical providers to ensure that a consistent approach to health issues is taken. Hence, concise information on the threat, recommendations on what should be done to combat it, and instructions on handling victims must be provided to all hospitals, clinics, nursing homes, home health care agencies, individual physicians, pharmacies, school nursing staffs, and other medical providers. The local health department will typically take the lead in coordinating the local medical response. They may request assistance from local professional organizations in providing information to all members of the local medical community.

D. Coordination of Incident Management Activities

- 1. Law enforcement agencies involved in consequence management shall keep those agencies and/or departments responsible for response and recovery efforts informed of decisions made that may have implications on the placement of resources should it be necessary. Because of the sensitivity of law enforcement sources and methods it may be necessary to restrict dissemination of some information to selected emergency management and public health officials who have a need to know. Those individuals may have to carry out some preparedness activities surreptitiously.
- 2. Until such time as law enforcement and emergency management personnel agree that investigation activities have been concluded, law enforcement personnel shall participate in incident command or EOC operations to advise those carrying out consequence management operations with respect to protection of the crime scene, evidence collection, and investigation results that may have bearing on emergency operations. DPS and the FBI will normally provide personnel to participate in an IC/UC operation to coordinate state and federal law enforcement assistance.

E. Implementation of the Incident Command System (ICS)

Refer to the Basic Plan, sections 3.4.4 and 3.4.7.

F. Protective Actions

1. Responders. Emergency personnel responding to a terrorist incident must be protected from the various hazards that a terrorist incident can produce. These include: blast effects, penetrating and fragmenting weapons, fire, asphyxiation, hazardous chemicals, toxic substances, radioactive materials, and disease-causing material. See the discussion of threat weapons and their effects in Appendix B. Though the type of protection required varies depending on the hazard, there are three basic principles of protection that apply to all hazards: time, distance, and shielding.
 - a. Time. Emergency workers should spend the shortest time possible in the hazard area or exposed to the hazard. Use techniques such as rapid entries to execute reconnaissance or rescue and rotate personnel in the hazard area.
 - b. Distance. Maximize the distance between hazards and emergency responders and the public. For chemical, radiological, and explosive hazards, recommended isolation and protective action distances are included in the *Emergency Response Guidebook* (ERG).
 - c. Shielding. Use appropriate shielding to address specific hazards. Shielding can include vehicles, buildings, protective clothing, and personnel protective equipment.
2. The Public. Protective actions for the public must be selected and implemented based on the hazards present and appropriate instructions and information provided to the public through usual means of warning and public information. Protective actions for the public may include:
 - a. Evacuation.
 - b. Shelter-in-place.
 - c. Access control to deny entry into contaminated areas.
 - d. Restrictions on the use of contaminated foodstuffs, normally imposed by the Texas Department of State Health Services (DSHS).
 - e. Restrictions on the use of contaminated agricultural products before processing will normally be imposed by the Texas Department of Agriculture. These are products destined for food use after processing.
 - f. Restrictions on the use of contaminated public water supplies, normally imposed by the Texas Commission on Environmental Quality (TCEQ).

- g. For incidents involving biological agents, protective actions taken to prevent the spread of disease may include:
 - 1) Isolation of diseased victims within medical facilities.
 - 2) Quarantines to restrict movement of people and/or livestock in specific geographic areas.
 - 3) Closure of schools and businesses.
 - 4) Restrictions on mass gatherings, such as sporting events.Such measures are normally recommended and imposed by public health authorities.

G. Requesting External Assistance

Refer to the Basic Plan, section 3.8.

H. Phases of Management

This annex follows a basic approach and acknowledges that most responsibilities and functions performed during an emergency are not specific.

1. Mitigation

- a. Establish guidelines for terrorist incident response
- b. Select and train members of specialized response unit – HMST
- c. Identify high-risk targets and their associated hazards
- d. Institute security programs for the high risk and most vulnerable areas
- e. Develop epidemiological intelligence, evaluation, presentation and detection of disease
- f. Exchange information and intelligence on activities with the Joint Terrorism Task Force (JTTF) and other appropriate agencies.

2. Preparedness

- a. Conduct training sessions for other response personnel
- b. Ensure detection and monitoring equipment are available and operational
- c. Establish decontamination protocols
- d. Maintain medical and sampling supplies and equipment
- e. Maintain personal protective equipment (PPE)

3. Response
 - a. Establish control zones for scene security, crowds, media and Hazmat operations.
 - b. Conduct fire and rescue, hazardous materials, and law enforcement operations
 - c. Stage and deploy appropriate resources
 - d. Alert and/or activate the HMMRS
 - e. Collect epidemiological surveillance data from hospitals and the medical examiner
 - f. Establish effective communications with all response groups
4. Recovery
 - a. Initiate community mental health services
 - b. Restore normal services

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. City departments and emergency management agencies will continue to use a functional approach to solve problems and provide assistance, as necessary.
2. While all emergency management agencies and emergency support functions may be involved in responding to a terrorist incident, certain agencies are anticipated to play a more active role in the event.

Because of the nature of terrorism, HPD and OEM will act as the City's lead agencies for coordinating local, mutual aid, state, and federal response during acts of terrorism.
3. Intelligence and Prevention:

Intelligence and prevention are primarily a law enforcement direction and control function at all levels of government and will be coordinated locally by HPD.
4. Response & Recovery Operations:
 - a. Are performed in the same manner as any other operation conducted for an emergency or disaster, in Houston.

- b. The OEM will take the lead with support provided from state and federal government as required.
- 5. Consistent with Annex H, the coordinating agency for the Health and Medical function is the City's Health Authority.

B. Assignment of Responsibilities

- 1. The Emergency Management Coordinator (EMC) will be responsible for coordinating all EOC operations, as well as on-scene activities, as required.
- 2. OEM
 - a. Develop and maintain a resources database
 - b. Provide administrative oversight for the HMMRS program
 - c. Assist in identifying high risk targets and their associated hazards
 - d. Determine the vulnerabilities of the high risk areas and their impact upon the population
 - e. Coordinate periodic exercises to test response
 - f. Develop and promote public awareness programs
 - g. Develop communication procedures
 - h. Promote a business inventory monitoring system
 - i. Activate the HMMRS, as needed. Each law enforcement agency will be responsible for operations within its respective jurisdiction and will coordinate with HPD.
- 3. HPD
 - a. Alert OEM, as required
 - b. Assign liaison personnel to the EOC
 - c. Coordinate all law enforcement activities within the City
 - d. Coordinate with the JTTF, and all other law enforcement agencies
 - e. Develop awareness and prevention training programs for law enforcement personnel
 - f. Institute security programs for the high risk and most vulnerable areas
 - g. Conduct briefing sessions for emergency management and response personnel

- h. Maintain terrorist activity information
 - i. Establish scene security
 - j. Provide traffic control, as necessary
 - k. Notify appropriate federal, state and local law enforcement agencies when activated
- 4. HFD
 - a. Alert OEM, as required
 - b. Assign liaison personnel to the Emergency Operations Center (EOC)
 - c. Coordinate all Fire, EMS, Rescue, and HazMat service activities within the City
 - d. Provide fire suppression, search, and rescue operations, including high-rise evacuation, as needed
 - e. Remain on scene with unsafe structures until the scene is rendered safe
 - f. Respond to medical emergency calls, establish triage if needed, provide emergency medical care to the injured, including advanced life support when appropriate
 - g. Transport sorted patients in a timely manner to the appropriate medical facility
 - h. Alert hospitals of mass casualty incident with suspected CBRNE agents so they may initiate protective action plans
 - i. Establish control zones, PPE requirements, decon procedures, containment of product, and product identification
 - j. Request activation of the HMST, as needed
 - k. Recommend activation of Texas Task Force 1, if needed
 - l. Activate mutual aid, as needed
- 5. Houston Department of Health and Human Services (HDHHS)
 - a. Alert OEM, as required
 - b. Assign liaison personnel to the EOC
 - c. Activate HMMRS, as needed
 - d. Coordinate the City's Health and Medical infrastructure
 - e. Conduct epidemiological investigation

- f. Alert hospitals of CBRNE incident so they may initiate protective action plans
 - g. Conduct ongoing surveillance activities
 - h. Provide diagnostic and reference laboratory support for the community
 - i. Provide ongoing analysis of data to support decision-making during an event
- 6. Routine operations will be conducted in accordance to standard procedures and guidelines
- 7. State and Federal support will be called upon when needed
- 8. All mutual aid resources will function under the direction of the City and immediate control of their respective supervisors
- C. General Response Checklist - These steps are not in any specific order and may be performed by various individuals from various locations.
 - 1. Be suspicious if any indicators are present and respond with heightened awareness
 - 2. Approach with caution from uphill and upwind
 - 3. Establish Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene
 - 4. Identify a safe staging area
 - 5. Establish command structure (Fire, HazMat, Law Enforcement, Emergency Management, Public Health and Medical)
 - 6. Establish appropriate level of personal protective equipment required
 - 7. Establish treatment plan for victims and decedents (include triage, treatment, transport and decon as appropriate)
 - 8. Make additional notifications (Mutual-aid, City Departments, County, State, and Federal)
 - 9. Make protective action recommendations to the public
 - a. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.
 - b. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.
 - c. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.

- d. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.

10. Coordinate media

VII. DIRECTION & CONTROL

- A. The Mayor shall, pursuant to NIMS, provide general guidance for emergency operations, including the response to terrorist incidents. During periods of heightened terrorist threat or after an incident has occurred, the local EOC will be activated.
- B. The IC/UC, assisted by a staff sufficient for the tasks to be performed, will manage the emergency response at the incident site from an ICP. If terrorist attacks affect multiple widely separated facilities, separate incident command operations may be set up.
- C. If our own resources are insufficient or inappropriate to deal with an emergency situation, we may request assistance from other jurisdictions pursuant to mutual aid agreements or from organized volunteer groups. Mutual aid personnel and volunteers will normally work under the immediate control of their own supervisors. All response agencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the IC/UC or the EOC.
- D. In a large-scale terrorist incident, significant assistance may be needed from other local governments, state agencies, and the federal government. As these external resources arrive, they will be integrated into the operation consistent with the NIMS guidance.

VIII. READINESS LEVELS

See Basic Plan, section 3.2.2.

IX. ADMINISTRATION AND SUPPORT

- A. Reports & Records
 - 1. Situation Report. During emergency operations for terrorist incidents, a daily situation report should be prepared and distributed to the local Disaster District Committee (DDC) and the local FBI office.
 - 2. Records Relating to Emergency Operations
See Basic Plan, sections 3.7.2 and 3.7.3.

B. Preservation of Records

As terrorist often target government facilities, government records are at risk during terrorists incidents. To the extent possible, legal, property and tax records should be protected. If government records are damaged during the incident response, the EOC should be promptly advised so that timely professional assistance can be sought to preserve and restore them.

C. Post-Incident Review

See Basic Plan, section 3.9.

X. ANNEX DEVELOPMENT AND MAINTENANCE

Each agency identified in section VI.B of this annex will develop SOGs that address assigned tasks. OEM is responsible for reviewing this annex annually and updating as necessary. See Basic Plan section 1.4.4.

XI. REFERENCES

FEMA, Guide for All-hazard Emergency Operations Planning (SLG-100).

US Department of Transportation/Transport Canada, Emergency Response Guidebook

Jane's Information Group, Jane's Chem-Bio Handbook

Refer to Appendix D of this annex for additional references.

APPENDICES

Appendix A.....	Terrorist Incident Response Checklist
Appendix B.....	Guidance Information
Appendix C.....	Glossary
Appendix D.....	References
Appendix E.....	Specialized Response Resources

APPENDIX A TO ANNEX V

Terrorist Incident Response Checklist

I. Indicators

- A. Is the response to a target hazard or target event?
- B. Has there been a threat?
- C. Are there multiple victims?
- D. Are responders victims?
- E. Are hazardous substances involved?
- F. Has there been an explosion?
- G. Has there been a secondary attack/explosion?

II. Response Actions

- A. Be suspicious if any indicators are present and respond with heightened awareness
- B. Approach with caution from uphill and upwind
- C. Establish Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene
- D. Identify a safe staging area
- E. Establish command structure (Fire, HazMat, Law Enforcement, Medical, and Emergency Management)
- F. Establish appropriate level of personal protective equipment required
- G. Establish treatment plan for victims and decedents (include triage, treatment, transport and decon as appropriate)
- H. Make additional notifications (Mutual-aid, City Departments, County, State, and Federal)
- I. Make protective action recommendations to the public
 - 1. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.
 - 2. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.
 - 3. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.
 - 4. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.
- J. Coordinate media

These steps are not in any specific order and may be performed by various individuals from various locations.

III. Response Resources

- A. Urban search and rescue teams for collapsed structures
- B. Mortuary support for mass fatalities
- C. Investigative resources
- D. Specialized pharmaceuticals
- E. Public health prevention programs
- F. Personnel support for quarantine operations

APPENDIX B TO ANNEX V

Guidance Information Explosive

Type	Description	Effects	Emergency Response Guide*
Conventional	Conventional weapons include guns, rocket-propelled grenades, and similar weapons	<ul style="list-style-type: none"> ▪ Significant blast damage to structures, including building and wall collapse, and blast casualties ▪ Fragmentation casualties from bomb fragments, debris, and broken glass ▪ Fires are possible 	Use Guide 111
Explosives	Explosives include military and commercial explosives		
Incendiary	Incendiary devices are designed to ignite fires		
Combination	Conventional explosive and incendiary materials may be used in combination to produce blast damage and fires		

*Based on U.S. Department of Transportation 2004 Emergency Response Guide

APPENDIX B TO ANNEX V

Guidance Information Radiological

Type	Description	Effects	Emergency Response Guide*
Radiation Dispersal Device	Radioactive materials in powder form are packed around conventional explosives	<ul style="list-style-type: none"> ▪ Some blast damage to structures ▪ Some blast casualties ▪ Some fragmentation damage to structures and casualties among people ▪ Localized radiological contamination ▪ Fires are possible 	Use Guide 163
Nuclear Device	It would be extremely difficult to obtain the weapons grade fissionable material required to construct such a device	<ul style="list-style-type: none"> ▪ Extensive blast damage to structures, including building and wall collapse ▪ Significant blast casualties ▪ Significant fragmentation casualties from debris, broken glass, and other materials ▪ Extensive radiological contamination ▪ Extensive fire effects 	Use Guide 165

*Based on U.S. Department of Transportation 2004 Emergency Response Guide

APPENDIX B TO ANNEX V

Guidance Information Chemical

Type	Description	Signs/Symptoms of Exposure	Emergency Response Guide*
Nerve Agents	Nerve agents are some of the most toxic chemicals in the world; they are designed to cause death within minutes of exposure	<ul style="list-style-type: none"> ▪ Pinpointing Pupils ▪ Runny nose ▪ Nausea & vomiting ▪ Seizures ▪ Respiratory Distress or Arrest 	Use Guide 153
Blister agents	Blister agents cause blisters, skin irritation, damage to the eyes, respiratory damage, and gastrointestinal effects	<ul style="list-style-type: none"> ▪ Eye Irritation ▪ Blisters ▪ Respiratory Distress or Arrest 	
Hallucinogens and Irritants	These materials cause temporary symptoms such as hallucinations, vomiting, and burning and pain	<ul style="list-style-type: none"> ▪ Short-term incapacitating effects 	
Blood Agents	Blood agents disrupt the blood's ability to carry oxygen and cause rapid respiratory arrest and death	<ul style="list-style-type: none"> ▪ Inhibit the transfer of oxygen in the body ▪ Irritation of the eyes ▪ Seizures ▪ Respiratory Distress or Arrest 	
Choking Agents	Choking agents cause eye and airway irritation, chest tightness, and damage to the lungs	<ul style="list-style-type: none"> ▪ Eye and airway irritation 	

*Based on U.S. Department of Transportation 2004 Emergency Response Guide

APPENDIX B TO ANNEX V

Guidance Information Biological

Type	Description	Effects
Bacteria <ul style="list-style-type: none"> ▪ Anthrax ▪ Plague ▪ Tularemia ▪ Rickettsia ▪ Q-fever 	Single celled organisms, which cause a variety of diseases in animals, plants, and humans Bacteria are capable of reproducing outside of living cells, while rickettsia require a living host	<p>The release of a biological agent may not have an immediate impact because of the delay between exposure and illness onset, and outbreaks might closely resemble naturally occurring events (i.e., flu).</p> <p>Active surveillance is key as detection of a biological agent may come doctor's offices, clinics, EMS or hospitals. Early recognition and identification will facilitate effective management of the event.</p>
Viruses <ul style="list-style-type: none"> ▪ Smallpox ▪ Venezuelan Equine Encephalitis ▪ Hemorrhagic Fever 	Viruses are much smaller than bacteria and can only reproduce inside living cells	
Toxins <ul style="list-style-type: none"> ▪ Botulinum ▪ Staph ▪ Ricin 	Toxins are potent poisons produced by a variety of living organisms including bacteria, plants, and animals	

APPENDIX C TO ANNEX V

GLOSSARY

Attack

Sabotage or the use of bombs, chemical or biological agents, nuclear or radiological materials, or armed assault with firearms or other weapons by a terrorist or quasi-terrorist actor that causes or may cause substantial damage or injury to persons or property in any manner.

Annex H – Health & Medical

The purpose of this annex is to provide coordinated public health and medical services during emergencies to reduce death and injury and to assist in damage assessment and restoration of essential health and medical services within the disaster area.

Biological Agents

Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.

Chemical Agents

A substance with chemical properties that is intended for use in military operations to kill, seriously injures, or incapacitates people through its physiological effects. Excluded from consideration are riot control agents, and smoke and flame materials. The agent may appear as a vapor, aerosol, or liquid; it can be either a casualty/toxic agent or an incapacitating agent.

Contamination

The deposit or absorption of chemical or biological warfare agents (or conventional hazardous materials) on structures, areas, personnel, or objects.

Control Zones

The geographical areas established to control a hazardous materials incident (including those involving CBRNE agents). The three zones most commonly used are the exclusion (hot) zone, contamination reduction (warm) zone, and support (cold) zone.

Decontamination (Decon)

The action that is required to physically remove or chemically change contaminants from personnel and equipment. Decon is the process used to reduce the hazards of CBRNE agents to safe levels.

National Response Plan (NRP)

The interdepartmental planning mechanism, developed under the leadership of the Department of Homeland Security (DHS), by which the federal government prepares for a response to the consequences of catastrophic disasters. Federal planning and response are coordinated on a functional basis – known as emergency support functions – with designated lead and support agencies for each identified functional area.

Houston Metropolitan Medical Response System (HMMRS)

Local term used to describe regional public health & medical preparedness planning for a catastrophic disaster or terrorist event involving a CBRNE agent.

CBRNE Emergencies

An actual or imminent set of conditions in which CBRNE agents are intentionally introduced within a specific operational area. These incidents can involve the release of warfare agents or the intentional release of industrial agents. Thus, such incidents are essentially deliberate Hazmat incidents and constitute a complex emergency.

Personal Protective Equipment (PPE)

Equipment and clothing required to shield or isolate personnel from the chemical, physical and biologic hazards that may be encountered at the site. Also known as personnel protective equipment.

Significant Threat

The confirmed presence of an CBRNE device capable of causing a significant destructive or hazardous event, prior to actual injury or property loss.

Terrorist Incident

A violent act, or an act dangerous to human life, in violation of the criminal laws of the United States or

of any State, to intimidate or coerce a government, in furtherance of political or social objectives.

FBI Categories:

Domestic – groups or individuals whose terrorist activities are directed at elements of our government or population without foreign direction.

International – terrorist activity committed by groups or individuals who are foreign-based and/or directed by countries or groups outside the US or whose activities transcend national boundaries.

Weapon of Mass Destruction (WMD)

(A) Any destructive device as defined in section 921 of 18 U.S.C., section 2332a, (which reads) any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge more than one quarter ounce, mine or device similar to the above; (B) poison gas; (C) any weapon involving a disease organism; or (D) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

APPENDIX D TO ANNEX V

REFERENCES

“Terrorist Incident Response Annex”, to the *State of Texas Emergency Management Plan*, Governor’s Division of Emergency Management, April 01, 2004.

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APPENDIX E TO ANNEX V
SPECIALIZED RESPONSE RESOURCES

ANNEX REDACTED – DATA REMOVED

ANNEX REDACTED – DATA REMOVED